

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEC DETERMINATION			
OLP/E CLASSIFIER	MA	32	4/12
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	MS	3C.906	05/16/01

INDEX OF CLAIMS

✓ _____ Rejected H _____ Non-elected
 - _____ Allowed I _____ Interference
 (Through numeral) _____ Cancelled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
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If more than 150 claims or 10 actions
staple additional sheet here

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